and which may be designated as a recovery, if the same criterion is allowed which is usual and authorized in internal diseases."

Jastrowitz appears to have coincided in Wendt's conclusions and reported a case of 17 years duration, then living and apparently well, where a diagnosis of general paralysis had been made by Westphal; a slight degree of mental weakness and apathy existed.

Müller considered Wendt's case not to be one of classical progressive general paralysis, the long course and the failure of many important symptoms usual in progressive general paralysis being opposed to it.

Zender considered it a characteristic case of general paralysis.

Mendel thought the case exceptionally interesting, and perhaps unique. The case not being *progrediens ad mortem*, they might accept Müller's criticism of the word "progressive," but they could all agree that it was a case of "cured *dementia paralytica*."

Case of General Paralysis Cured by Antisyphilitic Treatment. BYROM BRAMWELL, M. D. Studies in Clinical Medicine, 1889–90, I, p. 230. First reported in Edinb. Med. Journal, Jan. 1888, p. 630.

Dr. Bramwell's case is especially interesting in connection with the cases of alleged cure of general paralysis by surgical operation. An engineer's draughtsman, aged 32, first consulted a physician in June 1881, and was seen by Bramwell on May 1st, 1882. The history is of a typical case of general paralysis, the patient recognizing his beginning disease. The attending physician and the consultants, Drs. Bramwell and Clouston agreed in a diagnosis of general paralysis. Patient had been on specific treatment for some time, and this was continued in increasing doses. When seen six weeks later by Bramwell and Clouston, the report was as follows: "We found the patient much *in statu quo*; the vigorous antisyphilitic treatment had apparently produced very little effect; the patient had, it is true lost his delusions, but the dementia was more marked, the tremor of the lips and face, the affection of speech, and the motor weakness were quite as great, in fact apparently greater. Dr. Clouston was now definitely of the opinion, that the case was one of ordinary general paralysis of the insane, and not of cerebral syphilis—a view which he recorded some months later in his admirable clinical lectures [American Edition, 1884, p. 269]." A comatose attack preceded by rigor occurred about Aug. 1, and shortly afterwards an abscess that had formed during the attack burst, with the escape of a large quantity of pus and blood, with rupture of a blood vessel. After this, in the words of a cousin, "Mr. A. almost at once recovered his head, he continued to get better day by day until the beginning of October, when he went back to his home in Glasgow." On his return to Glasgow he was reported very much improved mentally, but still far from well. Specific treatment was continued and the head repeatedly blistered. Improvement was such that the attendant was dismissed on Dec. 18th; on Jan. 8th he returned to work; at the end of 1883 he married. On July 15, 1887, his attending physician—not the physician of 1881—stated to Bramwell that there was very little to note, as the patient has kept so well; specific treatment was being kept up; in March, 1885, the speech was so thick that the physician could scarcely understand what was said, and his manner was nervous and excited; at this time he had "fainting fits" which first came on frequently, but now (1887) only once in six weeks; fits are periodic the interval gradually lengthening; they are without warning; becomes pale, with staring eyes; if at work, becomes motionless, but does not drop his square or pencil; thinks he does not lose consciousness, but wife thinks he does; no loss of memory after a fit; speech still a little thick but quite intelligible; works regularly and is painstaking and exact; memory very good; left pupil larger than right; both contract freely, and accommo-

date; no disturbance of ocular muscles; fundus of both eyes normal. Regarding the knee-jerk the attending physician makes the somewhat anomalous statement, "the knee-jerk is normal, or rather exaggerated on the left side and nearly absent on the right, but there is not the slightest unsteadiness in his gait, nor any want of power of equilibration on making him stand with eyes shut and feet close together." When last seen by Bramwell in October, 1887, he stated that with occasional momentary "fits of abstraction," which were gradually becoming less and less frequent, he felt perfectly well. "His memory is, he says, quite good, his drawing is better than it was for years before his illness commenced; and for the past five years, he has had absolutely no symptoms of mental derangement whatever. Some physical evidences of disease still, however, remain. His speech is much thicker than it was before his illness; his knee-jerk, as tested through the trousers, seemed absent in both legs, and the attacks of *petit mal*, though steadily diminishing in frequency still continue. There is no longer any evidence of motor impairment. I did not on this occasion detect any twitchings or tremors in the tongue, lips or facial muscles; the pupils were equal and responded briskly to light and accommodation. The patient still has a somewhat heavy, stolid expression, which is probably natural to him; his memory and intelligence seemed active, and, so far as I could judge, in every way natural." After his recovery in January, 1883, he made frequent mistakes in writing, missing out letters and words, and using wrong letters and words; these mistakes became less frequent, and later were rarely observed. Up to the time of Bramwell's report, December 1889, he had continued well.

Dr. Bramwell's case is certainly of great interest, and its future history will be eagerly watched for. It is, however, somewhat odd that Bramwell should ascribe the improvement entirely to the anti-syphilitic treatment, and should not consider the possible effect of the shock following the bursting of the abscess with the loss of blood. Up to the time of this shock no improvement under treatment had been noticed, and indeed the patient was confessedly growing worse. The similarity to Dr. Claye Shaw's case (below) where improvement followed trephining immediately occurs to one. Neither does Dr. Bramwell suggest the possibility that the patient is only in a remission, but to him the case has been "cured" by anti-syphilitic treatment, although he admits that thickness of speech, attacks of *petit mal*, absent knee-jerk, and a heavy, stolid expression are still present. The history of the case at present extends over but eight years, and to the reviewer's mind it is to be regretted that Dr. Bramwell has not qualified somewhat his claims for a cure.

Surgical Treatment.

The Surgical Treatment of General Paralysis. T. Claye Shaw. British Medical Journal, 1889, II, 1090.

Is General Paralysis of the Insane a Curable Disease? George Revington, M. D. Ibid, 1889, II, 1187.

The Surgical Treatment of General Paralysis. H. Cripps. Ibid, 1889, II, 1215.

The Surgical Treatment of Intra-Cranial Fluid Pressure. J. Batty Tuke, M. D. Ibid, 1890, I, 8.

The Surgical Treatment of General Paralysis. R. P. Smith, M. D. Ibid, 1890, I, 11.

The Surgical Treatment of General Paralysis of the Insane. George Revington, M. D. Ibid, 1890, I, 749.

Considerable interest has been aroused by a discussion that has been carried on in the *British Medical Journal* over the question of the advisability of surgical interferance in General Paralysis, with the view to relieving the symptoms alleged to be due to increased fluid pressure.